



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.	:	10/566,755	Confirmation No. 7324
Applicant	:	Peter BOEHLAND et al.	
Filed	:	February 1, 2006	
TC/A.U.	:	3747	
Examiner	:	M. Gimie	
Docket No.	:	R.305594	
Customer No.	:	02119	

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Date: April 26, 2007

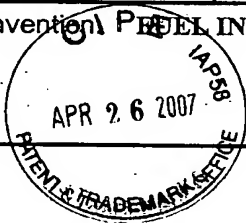
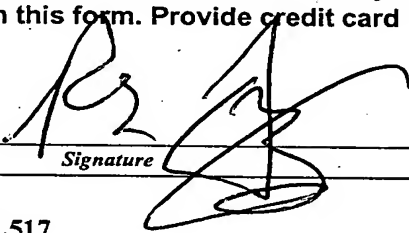
**AMENDMENT UNDER 37 C.F.R. 1.111**

Sir:

In response to the Office action dated January 26, 2007, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 10 of this paper.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>R.305594</b>	
Applicant(s): <b>Peter BOEHLAND et al.</b>					
Application No. <b>10/566,755</b>	Filing Date <b>February 1, 2006</b>	Examiner <b>M. Gimie</b>	Customer No. <b>02119</b>	Group Art Unit <b>3747</b>	Confirmation No. <b>7324</b>
Invention: <b>PREL INJECTION DEVICE FOR AN INTERNAL COMBUSTION ENGINE</b>					
 <b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	6 -	3 =	3	x \$200.00	\$600.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$600.00</b>
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <b>07-2100</b> in the amount of <b>\$600.00</b> <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Signature			Dated: <b>APRIL 26, 2007</b>		
<b>Ronald E. Greigg</b> Registration No. 31,517  <b>GREIGG &amp; GREIGG, P.L.L.C.</b> 1423 Powhatan Street, Suite One Alexandria, VA 22314 Tel. (703) 838-5500 Fax. (703) 838-5554			<div style="border: 1px solid black; padding: 5px;">         I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____          (Date)       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         Signature of Person Mailing Correspondence       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         Typed or Printed Name of Person Mailing Correspondence       </div>		

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